

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90215 007 ***158.75

DOCUMENT # P02000081691

1. Entity Name
ARTRIP NURSERIES, INC.



Principal Place of Business
13451 PALM DRIVE
ASTATULA FL 34705

Mailing Address
13451 PALM DRIVE
ASTATULA FL 34705

2. Principal Place of Business
13451 Palm Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Astatula, FL

City & State

4. FEI Number
11-3646467

Applied For
Not Applicable

Zip
34705

Country
Lake

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ARTRIP, GENE
922 CUTLER ROAD
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Harold Artrip II
13451 Palm Drive
Astatula, FL 32705

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T
Margaret Artrip
922 Cutler Rd
Longwood, FL 32779

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/07

407-383-4222

Date

Daytime Phone #

CP2E034 (10/02)